



E000763

TELETYPE MESSAGE

NAME OF AGENCY DHEW/PHS/HSMHA/REGIONAL MEDICAL PROGRAMS SERVICE		PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION		
ACCOUNTING CLASSIFICATION 3-3971015 75-30321 23.6J		DATE PREPARED	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS		
FOR INFORMATION CALL					
NAME MRS. SARAH J. SILSBEE (WRITER)		PHONE NUMBER X31580			
THIS SPACE FOR USE OF COMMUNICATION UNIT					
MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)					
<table border="0"><tr><td>TO: JAMES W. CULBERTSON, M.D. COORDINATOR MEMPHIS REGIONAL MEDICAL PROGRAM 1300 MEDICAL CENTER TOWERS 969 MADISON AVENUE MEMPHIS, TENNESSEE 38104</td><td>TO: JOSEPH E. JOHNSON ED.D. CHANCELLOR UNIVERSITY OF TENNESSEE COLLEGE OF MEDICINE 800 MADISON AVENUE MEMPHIS, TENNESSEE 38103</td></tr></table>				TO: JAMES W. CULBERTSON, M.D. COORDINATOR MEMPHIS REGIONAL MEDICAL PROGRAM 1300 MEDICAL CENTER TOWERS 969 MADISON AVENUE MEMPHIS, TENNESSEE 38104	TO: JOSEPH E. JOHNSON ED.D. CHANCELLOR UNIVERSITY OF TENNESSEE COLLEGE OF MEDICINE 800 MADISON AVENUE MEMPHIS, TENNESSEE 38103
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TO: THEODA GRIFFITH PROGRAM DIRECTOR, RMP OFFICE OF THE REGIONAL HEALTH DIRECTOR DHEW REGION IV 50 SEVENTH STREET, N.E. ROOM 423 ATLANTA, GEORGIA 30323					
<p>THIS IS TO ADVISE YOU OF THE DECISIONS RESULTING FROM REVIEW BY RMPS OF THE PHASE-OUT PLANS SUBMITTED ON MARCH 15 BY THE MEMPHIS REGIONAL MEDICAL PROGRAM. THE DECISIONS ARE AS FOLLOWS:</p> <ol style="list-style-type: none">1. THE TERMINATION DATE FOR THE MEMPHIS REGIONAL MEDICAL PROGRAM IS FEBRUARY 14, 1974. THIS IS THE DATE BEYOND WHICH NO RMPS FUNDS MAY BE EXPENDED.2. THE APPROVED DIRECT COST LEVEL IS NOW \$994,140 PLUS APPROPRIATE INDIRECT COSTS. IN ADDITION \$16,880 FROM GRANT-RELATED INCOME IS AUTHORIZED FOR PROJECT #5 - CORONARY CARE TRAINING. AN AMENDED AWARD WILL BE ISSUED FOR THE NEW APPROVED BUDGET PERIOD JAN. 1, 1973 THROUGH FEBRUARY 14, 1974.					
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TO:

3. FUNDS MAY BE EXPENDED AFTER 6/30/73 FOR ONLY THOSE PROGRAMMATIC ACTIVITIES LISTED BELOW:

NUMBER

TITLE

21

HIGH RISK INFANT PROGRAM

32

MODEL HOSPITAL LEARNING CENTER

40

HYPERTENSION CONTROL PROGRAM

4. THE TWO CONTRACTS FOR EMS WITH HEALTH SYSTEMS MANAGEMENT, INC. AND MISSISSIPPI CHP "A" AGENCY MAY BE CONTINUED THROUGH THE PLANNED TERMINATION DATES. ALL OTHER ACTIVITIES NOW ONGOING, INCLUDING THOSE PREVIOUSLY CONTRACTED MUST BE TERMINATED BETWEEN NOW AND JUNE 30, 1973. THE PLAN TO TRANSFER PROGRAM STAFF TO PROJECTS 34 AND 47 IS SPECIFICALLY DISAPPROVED.
5. FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL. EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL, AND MEETINGS SHOULD BE KEPT AT A MINIMUM.

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TO:

6. IN SUMMARY, THE ABOVE FUNDING LEVEL WAS DERIVED TO PROVIDE SUPPORT BEYOND JUNE 30 FOR THE PROJECTS AND ACTIVITIES LISTED ABOVE AND FOR PROGRAM STAFF NEEDED TO MONITOR PROJECT ACTIVITY AND TO ASSURE COMPLIANCE WITH CLOSE-OUT REQUIREMENTS BY FEBRUARY 14, 1974.

THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE RESPONSE TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL, RECORDS RETENTION, USE OF GRANT-RELATED INCOME, ETC. RATHER, IT REPRESENTS OUR JUDGMENT ABOUT THE BASIC DECISIONS NEEDED TO ENABLE YOU TO INITIATE PHASE-OUT OPERATIONS AND NEGOTIATIONS.

WE EXPECT THAT YOU WILL HAVE QUESTIONS AND WE URGE YOU TO CALL THE GRANTS MANAGEMENT BRANCH (301/443-1800) FOR ASSISTANCE AS NEEDED. THE GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC DETAILS ON THE PHASE-OUT OF YOUR PROGRAM AND THE FORMS TO BE PREPARED TO SUPPORT THE AMENDED AWARD NOTICE.

HAROLD MARGULIES, M.D.
DIRECTOR
REGIONAL MEDICAL PROGRAMS

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